U.S. Patent and Trademark Office; U. S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

"FEE ADDRESS" INDICATION FORM	
Address to: Mail Stop M Correspondence Commissioner for Patents - OR - P.O. Box 1450 Alexandria, VA 22313-1450	Fax to: 571-273-6500
INSTRUCTIONS: The issue fee must have been paid for application(s) listed on this form. In addition, only an address represented by a Customer Number can be established as the fee address for maintenance fee purposes (hereafter, fee address). A fee address should be established when correspondence related to maintenance fees should be mailed to a different address than the correspondence address for the application. When to check the first box below: If you have a Customer Number to represent the fee address. When to check the second box below: If you have no Customer Number representing the desired fee address, in which case a completed Request for Customer Number (PTO/SB/125) must be attached to this form. For more information on Customer Numbers, see the Manual of Patent Examining Procedure (MPEP) §403.	
For the following listed application(s), please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with:	
☐ Customer Number: 66811	
OR The attached Request for Customer Number (PTO/SB/125) form.	
PATENT NUMBER (if known)	APPLICATION NUMBER
6737094	09/870806
Completed by (check one):	
Applicant/Inventor	/Rebecca P. Rokos/ Signature
Attorney or Agent of record 42,109 (Reg. No.)	Rebecca P. Rokos Typed or printed name
Assignee of record of the entire interest. See 37 CFR Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	3.71. 312-463-5000 Requester's telephone number
Assignee recorded at Reel Frame	December 30, 2009 Date
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more that one signature is required, see below.* 1 * Total of	

This collection of information is required by 37 CFR 1.363. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO This collection of information is required by 37 CFR 1.383. The information is required to obtain or risan a benefit by the public which is to fee (and by the SPI) to process) an application. Confidentiality is governed by SI J.C. 1.22 and 75 FR 1.131 and 1.141. This collection is estimated to take sentitude to take to entitle to complete, including gathering, preparing, and submitting the completed application from the 1819 FIQ. This will avoid peepering up to the individual case. Any comments on the amount of time up our require to complete this form and/or suggestions for reducing this burder, should be sent to the Client Information U. S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, V.A. 22313-1450, D.O. TON COMPLETE OFMAS TO THIS ADDRESS. SENTO T. Bill STORO (COMPLETE).

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.